

CLAIMS ONLY						Application Number <b>10/540053</b>	Filing Date				
						Applicant(s)					
05-31-07						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			/				51				
2			/				52				
3			/				53				
4			/				54				
5			4				55				
6			4				56				
7			2				57				
8			2				58				
9			2				59				
10			2				60				
11			2				61				
12			2				62				
13			2				63				
14			2				64				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			3				Total Indep				
Total Depend			21				Total Depend				
Total Claims			30				Total Claims				